NHSC inTouch

SUMMER/FALL 1999

National Health Service Corps

Eliminating Disparities

Since 1970, the National Health Service Corps (NHSC) has been working to increase access and to eliminate disparities in the delivery of primary health care services. Toward that end, the NHSC has recruited more than 22,000 clinicians to serve communities across the country. Each year NHSC providers treat over 4.5 million patients. Despite those efforts, over 43 million people in the United States still lack access to the care they need.

The NHSC and its parent organizations, the Health Resources and Services Administration (HRSA) and the Bureau of Primary Health Care (BPHC), are working toward the goal of healthier individuals and thriving communities. Through its many programs, which include the NHSC, migrant and community health centers, and the "Healthy Schools, Healthy Communities Initiative," BPHC aims to achieve a high standard of care for all.

The Bureau and the NHSC will not be satisfied until everyone in America has access to comprehensive, cost effective, high-quality primary health care services. The power of this vision is that it begins and ends at the community level, and it rests on the primary care principles of prevention, early detection, and appropriate intervention.

This issue of *NHSC In Touch* illustrates how the commitment to those principles is paying off. Members of the NHSC family are making headway in eliminating disparities in primary health care—especially those associated with the treatment of HIV/AIDS, cardiovascular disease, cancer, diabetes, immunizations, and infant mortality.

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In This Issue

U.S. Department of Health & Human Services
HRSA Health Resources & Services Administration

BPHC Bureau of Primary Health Care
The People We Serve... The People We Are

FROM *The Directors*

This issue of *NHSC In Touch* is dedicated to the theme of "Eliminating Disparities." As you may already know, the Bureau of Primary Health Care, of which the NHSC is a part, supports the community driven goal for "100 Percent Access and Zero Health Disparities." The goal addresses health issues that have the highest racial, ethnic, and socioeconomic disparities in treatment success: HIV/AIDS, cardiovascular disease, cancer, diabetes, childhood and adult immunizations, and infant mortality.

NHSC clinicians work with communities to advocate for prevention and treatment resources that promote the elimination of health disparities. The stories in this issue of *NHSC In Touch* exemplify how providing access and eliminating disparities go hand in hand.

Since Congress established the NHSC in 1970, more than 22,000 health professionals have served in our underserved communities. What started as 20 dedicated clinicians has since grown into a diverse family of skilled practitioners. Through their service in the Corps, our clinicians have built relationships of mutual trust with thousands of people in hundreds of communities. They have provided team-based care by bridging geographic, financial, cultural, and language barriers. Although eliminating disparities is an enormous goal, stories like those in this issue of *NHSC In Touch* demonstrate well the progress that has been made. There are countless similar stories of how our vision of bringing quality health care to those most in need is coming to fruition community by community.

Today, the NHSC continues to make a difference in communities through the commitment of participants in our Scholarship, Loan Repayment, and Student Experiences (SEARCH) programs.

The NHSC team of clinicians includes allopathic and osteopathic primary care physicians, nurse practitioners, physician assistants, certified nurse midwives, dentists, dental hygienists, clinical psychologists, clinical social workers, marriage and family therapists, psychiatric nurse specialists, and psychiatrists. Together, NHSC clinicians are accomplishing something that no one of them could do alone: attacking health disparities in our underserved communities head-on.

Our goal of eliminating health disparities and our philosophy of working as partners with the communities in which we serve are clear. But the real story of how we eliminate health disparities every day can only be understood by looking carefully into the lives and work of individual clinicians.

In this issue of *NHSC In Touch* you will read articles about professionals and communities who work together to eliminate disparities. This partnership enables the NHSC clinicians to provide an extraordinary level of care to people who otherwise would receive inadequate health care or no care at all. These stories will give you a deeper sense of how the diverse group of health care clinicians in the NHSC are making a real difference in the lives of underserved people. We hope you will enjoy and be moved by what you read.

Sonia M. Leon Reig, *Director*
Division of Scholarships and Loan Repayments

Donald L. Weaver, M.D., *Director*
The National Health Service Corps

NHSC In Touch has been redesigned to make it more valuable for our readers. Each issue will focus on a single theme and will spotlight those members of the NHSC family who are making a difference. We need your help to make your newsletter work for you. We want your ideas for stories and other features. Share news; pass along practice tips; submit columns, articles, or letters. Let us know about a member of the NHSC family with a unique approach to providing care. Please send information to:
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Eliminating Disparities *continued from page 1*

Success Stories

- The twin cities of Nogales, Arizona and Nogales, Mexico share much when it comes to the health of their citizens. **Eladio Pereira, M.D.,** discusses how he handles the impact of non-scripted medications from Mexico, cultural sensitivities in the Hispanic community, and a patient population that ebbs and flows with the seasons.

- The Los Angeles community of Watts has become synonymous with inner-city strife. Yet to **Roderick Seamster, M.D.,** of the Watts Health Foundation, practicing there provides both challenges and opportunities. Seamster talks about how the Foundation is ensuring equitable health outcomes through mentoring programs, mobile vans, and other outreach programs.

- Like father, like son. **Charles Davis, M.D., Ph.D.** and his son **Joe Davis, N.P.,** practice at the same clinic in Charlotte County, Virginia. How did any of his children get involved in medicine? Charles Davis doesn't really know, "They'd have to be crazy. They saw dad working all the time." As it turns out, Joe learned from his father's example rather than being discouraged by it, and decided to practice at a site where he, too, could provide better access to primary care services.

- At an age when most people would be looking forward to retirement, **John Bagley, P.A.,** of Phillipsburg, Kansas was back in school, plugging away at the books. After a successful career as a lawyer, Bagley decided he would do what every lawyer secretly wants to do, "practice medicine."

- **Marta Diaz-Pupek, M.D.,** became a pediatrician because of her little brother. He got sick when she was six years old. Most of the time, a child getting sick is no big deal—except when you're poor and live three hours from the nearest hospital.

- As Director of Practice at Nurse Midwife Services in Montrose, Colorado, **Theresa Frick-Crawford, C.N.M., M.S.,** provides prenatal childbirth care. Working closely with her physician colleagues, Frick-Crawford is helping to ensure that more women get the prenatal care they need. ■

The NHSC Vision

The NHSC continues to work towards the goal of 100 percent access, zero disparities. As part of the "access agency"—the Health Resources and Services Administration (HRSA)—the NHSC works with the other HRSA bureaus and programs to recruit primary care clinicians for communities in need. Through our combined efforts, we are able to provide access to care for upwards of 43 million Americans who might otherwise do without.

Our strategies for achieving the goal of 100 percent access, zero health disparities include:

- **Forming partnerships** with communities, states, educational institutions, and professional organizations.

- **Recruiting caring, culturally competent clinicians** for communities in need.

- **Providing opportunities and professional experiences** to students and clinicians through our scholarship, loan repayment, and SEARCH (Student Experiences and Rotations in Community Health) programs.

- **Establishing systems of care** that remain long after an NHSC clinician departs.

- **Shaping the way clinicians practice** by building a community of dedicated health professionals that continue to work with the underserved even after their NHSC commitment has been fulfilled. ■

From Hope to Despair

When Marta Diaz-Pupek was six years old, her little brother got sick. The illness itself wasn't such a big deal—kids gets sick all the time, right?—except they were a poor family living in a small town in the Dominican Republic, three hours from the nearest medical facility. The little boy died.

"He was severely dehydrated, but we never actually got a final diagnosis," recalls Diaz-Pupek, now a pediatrician in Wilmington, Delaware. In June, Diaz-Pupek decided to stay on indefinitely at the children's clinic where she has been serving her commitment as an NHSC loan repayer since 1995. "Then a few years after my brother died, one of my cousins, a pretty little girl, died of polio. And this was in the late 1960s. She died from a totally preventable disease."

Even after an uncle in the United States managed to help the family immigrate to New Jersey, the Spanish-speaking Diaz clan struggled to work their way out of the kind of poverty and cultural isolation that too often turn antibiotics, cold medicines, and regular medical check-ups into unattainable luxuries.

Three Important Factors

Diaz-Pupek, the oldest girl of five siblings, could have slid into an early pregnancy or drugs, like so many of the impoverished children in her Perth Amboy neighborhood. But at least three things saved her: parents who avoided welfare by taking factory jobs and who taught their children to value hard work; an older, college-bound cousin who showed Diaz-Pupek that another way was possible; and a community health clinic.

"The people at the clinic in our neighborhood were incredibly kind, supportive, and caring," says Diaz-Pupek. "That had a big impact in my life. I somehow always knew I wanted to be a pediatrician, and now I knew what kind of setting I wanted to work in."

Diaz-Pupek got involved in the NHSC after seeing a flyer tacked up on a bulletin board during her residency at St. Christopher's Hospital for Children in Philadelphia. Now at the Lancaster Avenue DuPont Pediatrics Clinic in Wilmington—one of 12 Delaware clinics for underserved children funded by the Nemours Foundation—Diaz-Pupek works on a team that includes another pediatrician, two nurses, a medical assistant, and two clerks. Because about half of the patients they see are Hispanic, it helps enormously that everyone on staff speaks Spanish. The clinic staff is aided in their work by three state-paid practitioners: a nurse and a nutritionist from the Public Health Department and a social worker from the Medicaid division. Together, they tackle social ills transformed into physical ones, whether it's making sure that the utility company keeps the electricity turned on in the apartment of an asthmatic girl who needs a nebulizer, helping an uninsured family apply for Medicaid, or tracking down the whereabouts of a child whose strung-out teenage mother has neglected to bring him in for his measles shot.

Location, Location, Location

The clinic is purposefully located in a small shopping center with a supermarket, fast food restaurants, and a post office. "That way, there are other reasons to come here," says Diaz-Pupek. And come they do. The hospital with which the clinic is affiliated is just an eight-minute drive away, but most residents don't have transportation. And anyway, when crises strike—as they do too often in this troubled neighborhood—what's wanted is a familiar, trusted face.

"People walk here, or they run," says Diaz-Pupek. "One time a woman ran in and handed her baby to the clerk at the desk. The baby wasn't breathing." While the baby was being resuscitated at the clinic, someone called 911. Other "walk-ins" have included children in severe respiratory distress secondary to asthma, suicidal teenagers, homeless families in need of shelter, and a boy who had nearly severed his little finger.

Outreach

But for all the drama, Diaz-Pupek and her colleagues spend most of their time on a more prosaic, and more far-reaching, task: education. Take, for example, the annual asthma program offered in Spanish.

"Asthma is a real problem in lower-income African-American and Hispanic communities like ours," says Diaz-Pupek. "Cigarette smoking, common housing, and other environmental allergens can

trigger asthma as well as stress. And our patients are stressed all the time." While there are numerous English-language asthma programs in the area, the evening of information and experience-sharing organized by DuPont Pediatrics draws about 50 Spanish-speaking adults and children who might otherwise lose out on the chance to learn how asthma can be treated—and curtailed.

A recent addition to the clinic's educational agenda is an adolescent health program that dares to integrate information about healthy sexuality into a teenager's regular medical care. Using a protocol developed by a committee of health practitioners chaired by Diaz-Pupek, the public health nurse (in conjunction with Diaz-Pupek) meets with the oldest children one-on-one, both in private and/or with their parents.

"We try to schedule all of our teenagers' medical appointments for that afternoon so they have a chance to benefit from this program," says Diaz-Pupek. "Teenage pregnancy is a big problem in our community and often it's the pediatrician who sees the first signs of a child's sexual activity. We wanted to develop a way to provide total health care for our patients rather than referring out to someone they might not know or trust. A girl can say, 'Mom, I'm going to see Dr. Diaz,' no problem, but she may not be able to say, 'I'm going to the family planning clinic.'"

The teens are encouraged to involve their parents, but "we'll see them alone if that's what they prefer," says Diaz-Pupek. By offering the teenagers guidance about menstruation and other aspects of puberty, abstinence, safer sex, and the prevention of sexually transmitted diseases (including HIV), Diaz-Pupek and her colleagues hope to provide total health care for their adolescent clients in a way that ultimately will cut down on the number of young girls having babies.

What Works

Rapport and trust are cornerstones of the program's effectiveness. Even when girls do have babies, "we try to see both the mother and the baby on the same day so that we avoid fragmented care," says Diaz-Pupek. "When the mother brings in the baby for his or her infant check-up, we'll give her a physical, too, and educate her about pregnancy prevention. We'll keep seeing girls even when they're 15, 16, 17. Besides making sure they're healthy, we hope in the long run to delay their having more children until they're done with high school or college."

One of the most popular programs offered by DuPont Pediatrics is the annual summer bicycle rodeo. "We hold it in the clinic's fenced-in backyard, where everyone in the neighborhood can see what's going on," says Diaz-Pupek. Kids from all around race over on their bikes, or borrow bikes brought in by other kids. Lemonade and laughter flow freely while several volunteers-often from the local police department—teach the children how to ride their bicycles safely. If a child doesn't have a helmet, he or she is given one, thanks to sponsors such as the American Academy of Pediatrics.

"One year we had about 80 bicycle helmets to give away and we ran out," says Diaz-Pupek. Everyone on staff pitches in. "We just close down the clinic for the afternoon and have a ball."

Keeping it in Perspective

For all the good feeling generated between the staff and the patients, however, the neighborhood's harsh reality of poverty and hopelessness daily threaten to unmake even the smallest of accomplishments. Diaz-Pupek beats back a sense of futility by resolutely noticing what, in fact, is going well.

"For every 20 cases that are difficult there's at least one happy outcome," says Diaz-Pupek, who says her optimism is a survival skill she learned from her own hard-knocks childhood. "I am elated at least once a day.

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Sometimes it's the little things—Dr. Diaz-Pupek and the staff at DuPont Pediatrics made this patient's birthday when they bought her a cake.

All in the NHSC Family

Charles Davis, M.D., Ph.D., didn't expect any of his four kids to go into medicine. "Why would they?" he asks. "They'd have to be crazy. They saw dad working all the time. Being a country doc, you're on-call 24 hours a day, seven days a week. Growing up, they showed no interest."

As it turns out, none of the Davis kids are doctors, but his only son is a nurse practitioner—at the same clinic where Davis is medical director. (His daughters are a pharmacist, an artist, and a senior in college.) For the past seven years, Charles and Joe Davis have worked side by side caring for the poor in Charlotte County, Va. In 1998, the clinic moved from Drakes Branch to Charlotte Court House. The senior Davis explains, "We went from a 100-year-old storefront location that we added to four times to the Taj Mahal, the finest clinic you can imagine."

A Change of Tempo

Joe never expected to follow in his dad's footsteps or move back to his hometown. He was living a different lifestyle—making music in Richmond. "I played classical brass, basically church music. I was at a point of despair. It was hard to pay the bills," he admits. But Joe didn't turn to dad for advice. "I literally looked up hot career choices in *U.S. News and World Report*," he says. "Advanced practice clinicians had very hot prospects."

Joe never considered becoming a physician. "In all honesty, I didn't see an advantage to being a physician," he explains. "I didn't want to go to school for seven more years after five as an undergraduate. I was 28 years old when I went back to school. I wanted to get on with my life."

Humble Start

To get a feel for medicine, Joe worked in a hospital as an orderly. He says, "I pushed people around in gurneys and changed bed sheets and bed pans." Not exactly a glamorous start, yet Joe discovered that he and medicine were a good match. "I enjoyed the contact with people," he says. Joe studied at the University of Virginia while working in the University's hospital. "Charlottesville is well off economically. There are lots of dollars, yet two to three miles on either side, it's very impoverished. I thought, 'This looks a lot like home.'" After rolling right through from being an RN to an NP, Joe returned home to work and live. He says, "I love the people here. They raised me. They looked out for me. I wanted to do something in return."

Joe was the first nurse practitioner Charles ever hired. "I was more familiar with PAs. NPs were an oddity to me. I thought they were probably nurses acting like doctors," Charles says. Now, he says, "I have more respect for NPs. They are well-trained and bring a sensitivity to health care. They are taught to care for patients. Physicians tend to be trained as problem solvers."

Mixed Feelings

Charles was unsure how he would react when Joe started at the practice. "I'd been a lone ranger for so long. I thought I would have to keep my ego in check, but as it turns out when patients began requesting him as a provider, I felt relieved. I could spend more time with my patients," Charles says. "Joe has been a big help. He identifies with our mission to care for the poor. Not everyone does."

Joe agrees. "Here I have an impact on the community in real time. Not a day goes by when someone doesn't shake my hand or hug me and say, 'I'm so glad you're here.'" Joe credits his dad for his success in the community. "I learned the art of medicine from my dad," he tells *In Touch*. Joe applies that art to families. "I see my mission as counseling and treating young families," he said. "We have a tendency to segregate groups into individuals. I like to get everyone in a room at once and see how things come out. You can learn from the dynamics of a family." Joe often knows his patients. "These are not strangers. I can even flip through my high school yearbook and say, 'I took care of this kid's grandchild,'" says the 36-year-old Joe. "I never envisioned that happening, but life here is so interesting and fulfilling I'm not planning to leave." Joe even bought the house he grew up in from his father, who lives on the same property in a guest house.

Like Father Like Son

Similarities between father and son don't end with career choice and housing location. Both men began their careers with a boost from the National Health Service Corps. From 1971 to 1975, Charles was associate medical director for Norwich Eaton Laboratories in Norwich, N.Y. "A friend, who knew I was interested in leaving research, told me about the NHSC," Charles reports. "The NHSC said I could make a living, but that's not why I came. I wanted to serve the poor."

For Joe, without the NHSC loan repayment plan, he would have made more money staying as an RN at the hospital. "Loan repayment meant I could stay here," he explains. Loan repayment also helped bring others to the clinic, which has two MDs, a DO, two NPs, and a dentist. Four of these clinicians have been affiliated with the NHSC. "The NHSC has been very important in the development of our practice," says Charles. ■

Crossing Borders

Nogales, Arizona is a town of 20,000 just north of the Mexican border. Set on a desert mesa amidst scenic mountains, cactus, and wildflowers, Nogales acts as the main point of entry for goods and Mexican immigrants. As such, the production and transport of produce serve as the main industry in the area. Approximately one-third of the United States' fresh produce and two-thirds of all commercial traffic entering Arizona from Mexico flows through Nogales.

Across the border is Nogales, Mexico—a bustling city of 200,000. Although the two cities are separated by an international boundary fence, they are inextricably linked. Nobody knows better how the cities affect one another than Dr. Eladio Pereira, an M.D. and Medical Director of the Mariposa Community Health Center in Nogales, Arizona. Periera is a former NHSC loan repayer who stayed at Mariposa long after his loan repayment commitment was completed in the 1980s. Mariposa (which means "butterfly" in Spanish) is the largest health care provider in Arizona's Santa Cruz county, with 13 clinicians who offer services ranging from OB/GYN to pediatrics. "We have a good core group of providers. Six of us have been here for six years or longer," Pereira explains, "and I get to work with a kind, gentle population."

Seasonal Swell

That patient population swells between November and June, the peak growing season. Although an increase in patients can be challenging, it's not as difficult as the issues that the staff at Mariposa face in the off-season. Since produce employers provide medical insurance only during the growing season, if they provide any insurance at all, their employees lose that benefit for about half the year—it also happens to be the part of the year when most employees are struggling to make ends meet, by taking odd jobs such as yardwork, construction, and maintenance.

Besides the challenges of treating a seasonally employed population, most of the health issues Pereira faces daily are the same difficulties facing any clinician across the country: addressing disease in advanced stages, cancer awareness, addressing infant mortality rates, and educating the population about highly prevalent diseases (such as diabetes and cardiovascular disorders).

Often patients, especially men, don't seek treatment until a disease or a problem becomes life-threatening. Because of this, one of the biggest issues at Mariposa is treating disease or illness at an advanced stage. Pereira says, "There are various reasons why patients wait so long. They either lack money or health insurance, try non-traditional approaches first, or are concerned about how others in the community will interpret their disease." Perceptions held by the Hispanic community in Nogales, especially men, about what disease or illness "mean" (that someone is "weak" or can't take care of things without outside help) often keep patients from visiting the clinic until it's absolutely necessary.

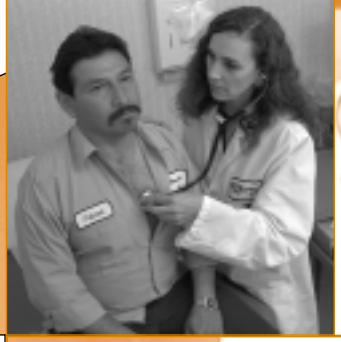
Community Outreach

Mariposa sponsors many community outreach programs designed to address common problems in Nogales: diabetes, cardiovascular disorders, cancer, lupus, and gastrointestinal disorders (which are transmitted through poor water supplies and contaminated food). Pereira says, "The cancer awareness initiative is a proactive educational program that encourages patients—especially those at risk to have regular mammography, rectal, and prostate examinations." With the help of federal and county funds, Mariposa's diabetes initiative allows patients with diabetes to consult with a licensed dietitian to plan a diet they can follow. "A certified diabetes educator is available to meet with patients. Also, eye exams take place annually through off site referrals to an optometrist," Pereira explains. "Response to the diabetes initiative has been incredible."

Another popular program well-received in the community is the prenatal care initiative. As soon as a woman knows she is pregnant, a case worker is assigned to follow her throughout the pregnancy. The case worker provides both prenatal care and psychological support. When the baby is delivered, the mother is better able to care for her baby. "This program has helped lower infant mortality rates in the area tremendously," Pereira says.

Access to Nogales, Mexico may be great for tourists, but it is problematic for Mariposa. "Many patients will seek the informal advice of a neighborhood pharmacist," Pereira explains, "and then cross the border to get drugs in Nogales, Mexico, where no prescription is needed." While acquiring prescription drugs in this manner is unheard of in the United States, it is commonplace in Mexico. Complications often result from self-medication; either the wrong diagnosis is made by the patient or pharmacist, or the patient ends up taking the medicine incorrectly. Either way, once a patient begins treatment and doesn't follow the proper regime, it makes unraveling the case all the more difficult for Pereira and his colleagues at Mariposa.

Despite the setbacks, Pereira feels fortunate to practice where he does. "I love the weather, and the landscape is breathtaking. Practicing in a health center allows people to grow not only as clinicians but also as human beings. It's not just about providing care expediently and cost efficiently—it's about doing something you want to do, growing your own interests, nurturing your strengths. For example, one doctor now serves as the telemedicine director for the center and I'm the medical director, a position that has brought both new challenges and opportunities." ■

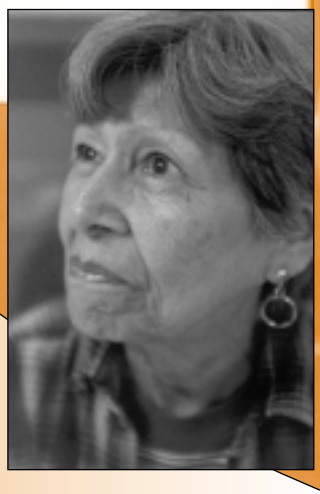


"Breathe deep," instructs Sylvia Trevino, P.A., as she checks a patient's respiratory condition.

"It won't hurt," says Isabel Basaldu-Prado, M.D., as she examines a fearful patient.

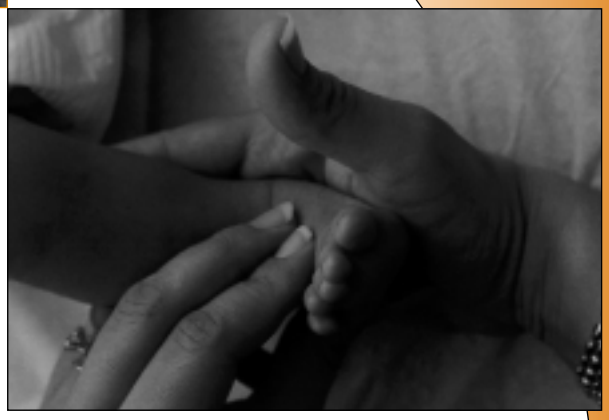
Herbert Guzman, M.D., provides prenatal care.

Alison Moore, M.D., consults with a patient.



One of the local residents El Centro Del Barrio helps each year.

Isabel Basaldu-Prado, M.D., passes along some advice to a young mother about her child.



Strengthening the Nation, One Patient at a Time

Highlighting the Work of El Centro Del Barrio, San Antonio, Texas

Since 1973, El Centro Del Barrio (CDB) has been working within San Antonio to meet the ever changing needs of the community. In response to demand for accessible, quality health care, CDB focuses on providing primary health care through medical, dental, mental health, and nutritional programs. CDB is a bilingual health center that works in partnership with its patients. CDB recognizes that all individuals deserve to be treated with respect and compassion. CDB's six human service programs include: health care for the homeless, elder services, family resource center/mental health counseling, infant's and children's nutritional assistance program, HIV early intervention program, and community health centers.

Sylvia Trevino, P.A., helps patients "see" the way to good health.

Gloria Munoz-Alonso, P.A., listens to a young girl and her mother.

From Courtroom to Clinic

According to John Bagley, every lawyer wants to practice medicine and every doctor wants to practice law. Bagley has done both.

Among the rolling wheat fields and endless plains of northern Kansas is where you can find Bagley living his second life, that of a physician's assistant at Health Care Associates (HCA), where he is participating in the NHSC loan repayment program. Health Care Associates has two locations, one in Stockton, Kan. and another in Phillipsburg, Kan. (population: 3,000). Bagley splits his time between the two clinics.

Legal Beagle

But for twenty years prior to his stint at HCA, Bagley served as legal counsel to one of the largest private health care providers in the country. "I set up and managed health care assistance programs at numerous locations," Bagley explains. Bagley's switch from courtroom to clinic occasionally brings him a little heat from some of his peers in the health community a community whose opinion of managed health care is ambivalent at best.

"Often people will grill me about managed health care. Understandably so, there's a lot of paperwork and safeguards in place to make sure that everyone gets the proper attention. But on the other hand, I have an insider's view. I see a country with millions of people, employed and unemployed, without insurance. Managed health care may be the best shot we have at providing quality care to everyone. What we need to do is 'civilize' managed care. The next step is for the government and health care companies to work together."

So what prompted Bagley to give up the legal profession and become a PA? He wanted to make a difference in the lives of his patients. "I was lucky because I was able to save enough money for my retirement early and then take a crack at something new. Entering the health field is my attempt to learn a whole new realm and to make a contribution to society. I haven't regretted it one bit."

Having no regrets may come as a surprise to some of his former law associates. "I remember when I told my colleagues what I was planing on doing—going back to school and starting a new life as a PA," Bagley recalls. "They thought I was nuts," he states emphatically. "But through my involvement with managed health care I saw the direction the health field was taking, how the approach was changing so that there would be more opportunities for clinicians like PAs, with doctors being the final arbiters in most cases."

Back to School

When he returned to school at the age of 50, Bagley had a hard time keeping up with the younger students. "I think I burned up most of my remaining brain cells in medical school. At the time, I thought that anyone who attended law school could take on medical school and handle it adroitly. But I was wrong. The classroom is a tough place for PAs, where you're going toe-to-toe with your peers in anatomy classes and other tough course work. I was challenged every step of the way."

Bagley was challenged not only by his peers, but also by his children, who were also attending college at the time. What if Dad could not keep up with his kids in the classroom? "We had a lot of fun with it," Bagley laughs, "It wasn't that competitive. And now they see what a good time the old man is having, even if he struggled at first."

Bagley loves practicing in northern Kansas, which is a real change of pace from Omaha, Neb., where he was a lawyer. "One of the advantages for a guy like me is that you can live the comfortable lifestyle of a small town. We're so far out, we're not even considered 'rural' by the Census Bureau," Bagley explains, "They call us 'frontier.'"

That frontier spirit is evident in the way people live in Stockton and Phillipsburg. Every winter cattle are driven south from the Dakotas to the Stockton area. Hunting (pheasant and deer) is a past time for many "senior" members of HCA's staff. That's "senior" in terms of experience. Even though Bagley may outrank his peers in age, he is still the new kid on the block in terms of experience. As such, he spends a lot of his time on call and sitting in the emergency room while his counterparts are out hunting. "That's okay," he says, "this is what I came to do. Learn. And there's no better place to do it." ■

No Regrets

When you call Theresa Frick-Crawford, C.N.M., M.S., and Director of Practice at Nurse Midwife Services (NMS) in Montrose, Colo. you hear babies crying.

Despite the din, Theresa is cool and collected. She has patients to see, and her mornings are reserved for her five-year-old daughter, but she can talk tomorrow night. Her interview with *In Touch* is a rare break from a hectic but satisfying life.

Frick-Crawford attended the University of Colorado Health Sciences Center, and she ended up at Nurse Midwife Services as an NHSC loan repayment recipient. She fulfilled her commitment in April 1999. She has decided to stick around because she's doing what she's always wanted to do—make people's lives better.

An Early Start

Her interest in midwifery started when she was very young; her mother had given birth naturally in the 1950s, which was uncommon. Frick-Crawford's mother enjoyed sharing stories about giving birth, and Frick-Crawford enjoyed listening. "I've wanted to be a nurse as long as I've known what nursing was. Midwifery followed. I've always been interested in pregnant women," she says. Frick-Crawford feels that nurse midwives are unique because they believe in a woman's right to affect her own care. "If the patient wants an epidural, they can get one. Technology is useful when applied judiciously, but we like to encourage natural labor. That's our specialty."

Frick-Crawford runs NMS with the assistance of certified nurse-midwife Susan Hanafin. NMS is a division of Montrose Memorial Hospital, and NMS patients deliver their babies in the hospital. "The doctors are glad that we're here and they're very helpful. Hospital and doctor support of our practice is one of the reasons I stay. Plus, the hospital underwrites us every year, which we appreciate," notes Frick-Crawford.

Turning the Tide

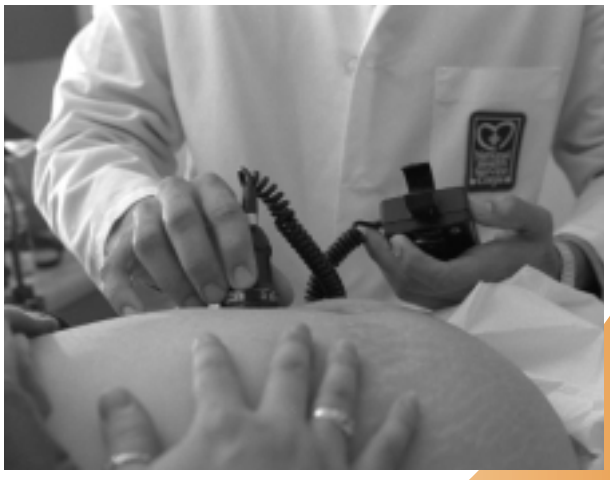
Since arriving at NMS, Frick-Crawford has seen the hospital administration and the community turn from skeptics to believers. Prior to Frick-Crawford's tenure, midwives were perceived as providing care only to poor Hispanics and Native Americans. In fact, NMS provides a full range of services including family planning, contraception, and gynecological care to anyone seeking care.

Frick-Crawford sees a diverse group of patients including Hispanics, Native Americans, and pregnant white teenagers referred by the county's Department of Social Services. "The fact is that it's good for the community to have a healthy population. More people seem to realize that now then when I got here."

Frick-Crawford thinks only the best of the women she treats. "I love the diversity of our population and I love how accepting they are of life's ups and downs. Often times the large Hispanic and Native American population are more concerned with taking care of their children and putting food on the table then they are with taking care of themselves, but they appreciate the natural approach and don't smoke, don't drink."

That's where Frick-Crawford and her colleagues come in. "I think we work to give mothers the kind of natural, straightforward care that they are comfortable with. They can be difficult to treat because traditional medicine is often unfamiliar to them. But we earn their trust, we take the time to talk to them—our staff is bilingual—which is something that hasn't been a priority in this community. I've definitely seen where the practice has made a difference. Our patients are making more time to take care of themselves, which benefits their children and their lives on the whole," she says.

Although she's completed her NHSC loan repayment commitment, Frick-Crawford has decided to stay in Montrose for awhile. "I've developed a relationship with the women here. If I tell them something is going to be okay, they trust me. That's why I stay. It's worth it. No regrets," she concludes. ■

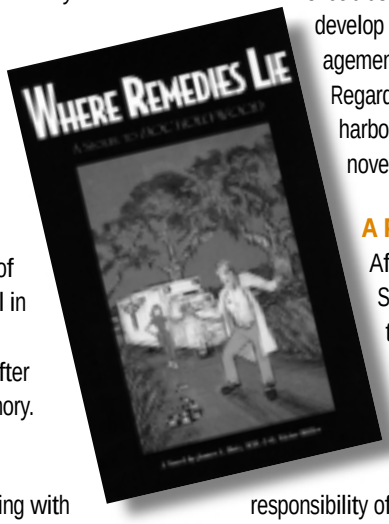


Where Remedies Lie

An NHSC alumnus who has spent more than 20 years of his life bringing quality health care to rural Georgia has recently published a hilarious, yet poignant, sequel to the story made famous in the major motion picture *Doc Hollywood.*

James A. Hotz, M.D., co-wrote the new book, *Where Remedies Lie,* with O. Victor Miller, a prolific author and associate professor of English at Darton College in Georgia.

According to the author of *Doc Hollywood,* Neil Shulman, Hotz was actually part of the inspiration for the novel that later became the movie by the same name. Dr. Shulman was one of Dr. Hotz's professors at Emory University Hospital in Atlanta. Shulman convinced Hotz to commit two years to working in an underserved community after completing his internal medicine residency at Emory.



Surprise!

Hotz and his wife expected their two years working with the underserved to be spent in Athens, Georgia—a quiet university town. They wound up in a much more remote area. Their misconception about Hotz's practice site was not, it seems, exactly an accident.

"Neil Shulman first tricked me into coming to Southwest Georgia in 1978," Hotz explains. Dr. Shulman does not deny the ruse. "Conspiring to hoodwink Jim into practicing medicine in a south Georgia underserved community was not only fun for me, but has resulted in improved access to health care for tens of thousands of folks," Shulman wrote in the introduction to *Where Remedies Lie*.

The last time the community of Leesburg, Ga. had a physician was ten years before Hotz's arrival in 1978. Hotz later said that the townspeople were "friendly, nice, and desperate and they weren't going to let me go." Hotz quickly established a community health clinic in a used trailer. That clinic has since grown into a six-facility network serving more than 25,000 people. One of the clinics is designated exclusively for treating HIV/AIDS patients.

Hotz, who was selected for the prestigious Community Health Leadership Award by the Robert Wood Johnson Foundation, said the idea for writing a sequel to *Doc Hollywood* came from Shulman. Shulman reportedly told Hotz, "Someone needs to tell the story of rural medicine. You are the perfect person to tell the rest of the *Doc Hollywood* story!"

"One of Neil's great gifts is to inspire others to engage in long-shot crusades," Hotz says. "I always wanted to help develop a rural health care system, and Neil's 'encouragement' helped start me toward this goal."

Regarding the book, Hotz adds that "Neil also knew I harbored a desire to write 'the great American novel' and suckered me into [this] new adventure."

A Partner in Crime

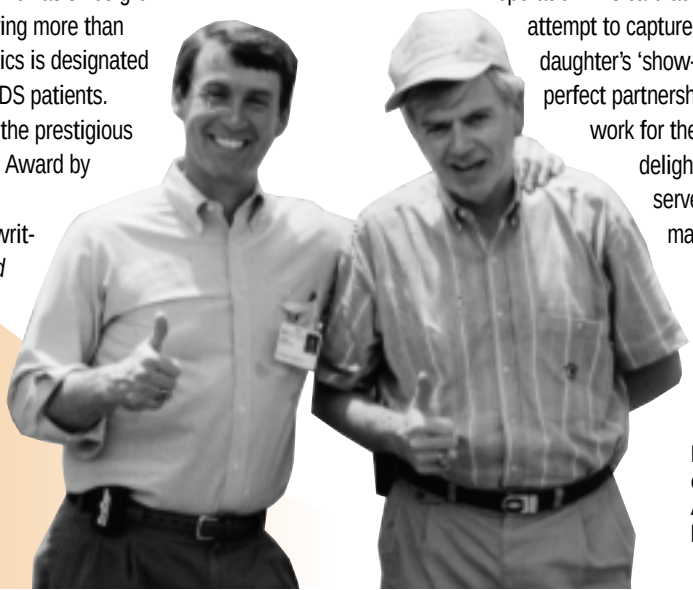
After pulling together a first draft, Hotz and Shulman agreed that Hotz needed a partner in the project. Hotz had succeeded in outlining a story that "exposed the great themes of rural American medicine today: the need for medical education to produce community responsive family-oriented physicians; the responsibility of health providers to advocate for health delivery systems that care for all in the community, not just the insured; and the unending battle between the for-profit and the not-for-profit providers over whether health care is a right or a privilege."

But the draft still needed to be crafted into a story, a story that both health care professionals and students would enjoy reading—and be influenced by. Shulman suggested teaming with a local writer. The first person that Hotz thought of was Vic Miller.

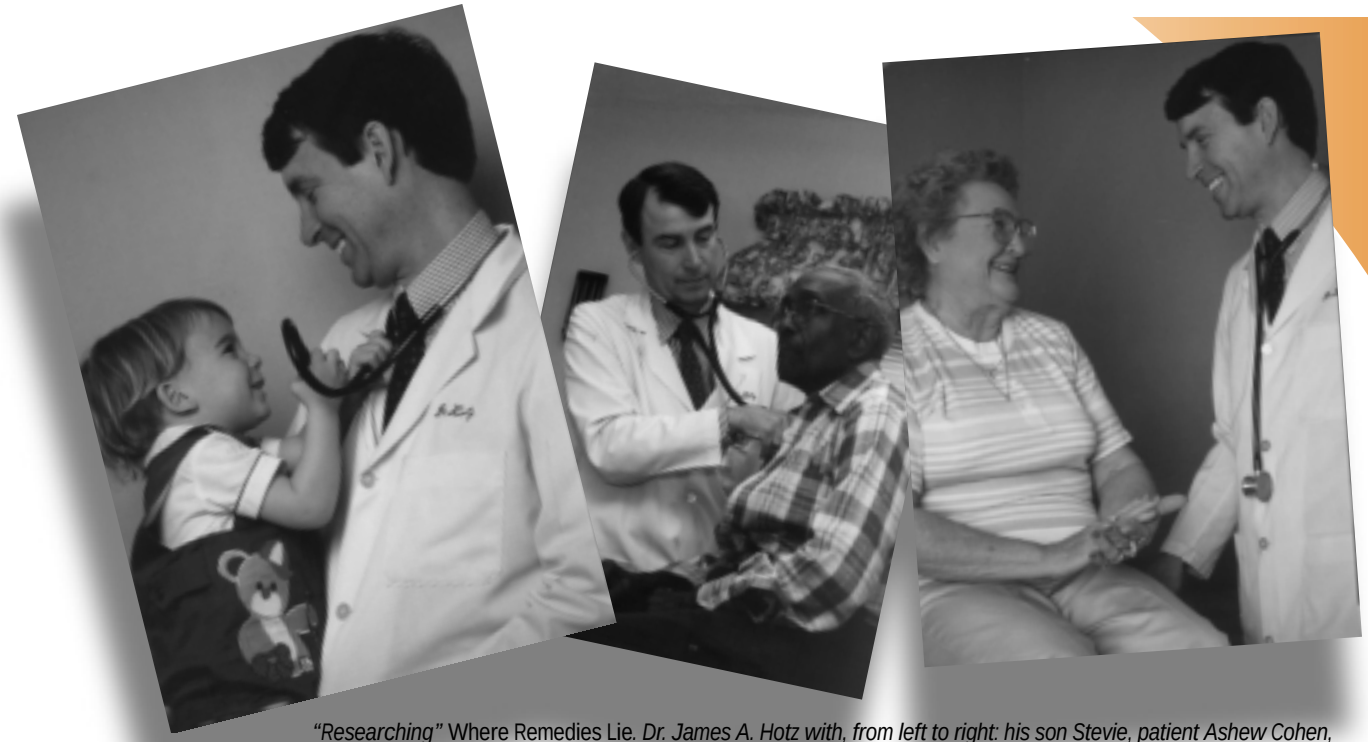
Miller, a columnist, humorist, and award-winning freelance writer, is the author of two collections of short stories, *The Tenderest Touch* and *One Man's Junk*. "He was perfect for the job...," Hotz explains. He's a "comedian, talented writer, outdoorsman, and brave yet dumb to a fault. [Here's] a patient of mine who got bitten by a rattlesnake one week after his coronary bypass operation. His cardiac rehab was interrupted by his attempt to capture something interesting for his daughter's 'show-and-tell.'" Having formed the perfect partnership, Hotz and Miller went to work for the next three years to create a delightful book about physicians who serve their rural communities and make a difference.

Best of Both Worlds

What is so impressive about Hotz and Miller's work is that



Dr. Hotz (*left*) with Bill Walton, current chairman of the Albany Area Primary Health Care board of directors.



"Researching" Where Remedies Lie. *Dr. James A. Hotz with, from left to right: his son Stevie, patient Ashew Cohen, and Ms. Ida Chambers—a long-time patient and former chair of the board of Albany Area Primary Health Care.*

it delivers a message about the state of American health care today (and its implications for ordinary people) and tells an entertaining story. The characters are vivid and touching. *Where Remedies Lie* is not only a thoughtful and direct treatment about health care, but it is also a warning about the direction that the health care industry is headed.

The novel continues the story of *Doc Hollywood*'s Dr. Otis Stone, the arrogant young physician who is stranded in Grady, Ga., "the town that time forgot." Dr. Stone has neither car nor money. Grady's leading citizens conspire to keep him in town because they desperately need a doctor. Dr. Stone goes to work in the tiny, struggling hospital to pay for his living expenses and car repairs.

Where Remedies Lie tells the story of Dr. Stone's slow transformation from a green resident into a sensitive, caring physician. As he matures he realizes that serving patients is medicine's greatest reward. Dr. Stone narrates the story, taking readers into the trenches of rural medicine—snakebites, home remedies, misinformation, antiquated hospital facilities.

A Good Read for a Good Cause

The novel is funny and sometimes heartbreaking. Any NHSC clinician or alumnus who has worked in rural settings will recognize many of the attitudes and awkward moments, if not specific situations, described in this book.

"This book is a must read for students and professionals in all areas of medicine. It also provides a unique opportunity for others to become absorbed in a tale rich with intriguing characters living in an unusual culture. I applaud the authors," says Neil Shulman.

Hotz and Miller are contributing all royalties from the first edition of *Where Remedies Lie* to the Southwest Georgia Area Health Education Center, an organization dedicated to increasing the supply of health professionals in Southwest Georgia.

Copies of *Where Remedies Lie* can be obtained by writing to SOWEGA-AHEC; Attn: "Remedies"; P.O. Box 528; Albany, GA 31702. The cost for the book is $25.00 plus $3.25 shipping and handling (sales tax for Georgia residents not included). Every effort will be made to have books autographed if requested.

Dr. Hotz earned a degree in chemistry from Cornell University in 1972 and an M.D. from Ohio State in 1975. He is a member of the Clinical Faculty of Mercer University School of Medicine and on the faculty of the Southwest Georgia Family Practice Residency. Dr. Hotz serves as Chairman of the Boards of Phoebe Putney Memorial Hospital and the Southwest Georgia Community Health Institution. He is the former Board Chairman of the Georgia Association for Primary Health Care and the Southwest Georgia Area Health Education Center. He is on the Board of Health of Baker County Emergency Medical Services, and serves on the board of the Clinical Services Directory of Albany Area Primary Health Care. ■

“Watts” It All About

In 1965, Watts—a neighborhood in Los Angeles, Calif.—was the site of some of the worst riots seen in this country. Over the course of six days, 35 people died and 900 were injured. The riots came at a time of civil disorder. It was also a time when some of the greatest strides were made for equality in this country. Daily events inspired ordinary people to heroic actions.

Today, Watts is still struggling with poverty, unemployment, gang activity, and urban decay. But there’s something about the situation in Watts that inspires Roderick Seamster, M.D., an internist at Watts Health Foundation (WHF), to do his best. WHF was created as a direct result of the riots, in order to eliminate disparities in health care in inner-city Los Angeles. To Seamster, the real challenges, opportunities, and community that exist in Watts far outweigh its rocky past and troubled present.

Medcor and Mentoring

Seamster grew up in rural Louisiana. “I remember standing at a counter at a doctor’s office with my mother. I must have been sick at the time. We signed in, and the next thing I remember, we were being escorted out. Nobody cared about treating me or my brother, who had trouble with his eyes.” Experiences like these inspired Seamster to become a clinician who would care for patients without regard to race or social standing.

Seamster left the racial tension of the South behind when he moved from Louisiana to Los Angeles. He attended Washington High School and got involved with MedCor, a program designed to give students exposure to the health field. While some of his classmates were becoming ensnarled in the pitfalls of urban life, Seamster was busy attending weekend seminars about health care. Through an intensive co-op program with the University of Southern California, Seamster and other MedCor students made rounds in local hospitals and conducted laboratory research. Seamster fondly recalls working on groundbreaking Interferon research with one of his mentors, Dr. Gordon.

Beyond that, MedCor provided a network of friends and colleagues in a tough neighborhood. This support system allowed Seamster and his peers to stay focused on their goals without getting sidetracked by other inner-city diversions. “We were a crew. You could feel at the time that it was something beneficial—the mentoring, growing, and networking that was developing among us. It was and continues to be an outstanding program. Today, I participate in a different way, by going to talk to the students and telling them about my experiences. I guess I’m now the kind of role model I once looked up to.”

From Ivy League to Southwest Reservation

Following MedCor and graduation from Washington High, Seamster attended Harvard and received his undergraduate and M.D. degrees. After completing his residency at the University of California at Irvine, Seamster joined the National Health Service Corps as a loan repayer and practiced for 18 months at San Carlos Native American Reservation in Arizona. Six to eight health professionals treated the approximately 10,000 people who lived on the reservation, where unemployment rates averaged up to 70 percent. When staff couldn’t take care of a health need on site, patients were taken to the Indian Health Service Clinic in Phoenix, Arizona.

“It was a great experience,” Seamster says, “I got to learn about a different culture by participating in Apache rites and rituals. Because I got involved in the community, the people saw I truly cared about them and their way of life. This made it easier to affect change. I won their trust and was able to bring my expertise to the community in a non-threatening manner.”

A key health issue on the reservation at the time was diabetes. “We designed a diabetes program, training everyone on staff to look for specific signs during a patient visit. We also launched an education program and featured specific days at the clinic when we would highlight the diabetes problem.” Pamphlets were developed as part of educational materials, and the staff wrote the content. People in the community were photographed for the materials. Seamster explains, “By presenting culturally sensitive materials, we demonstrated that we understood the community and the problems that affected it.”

Seamster took cultural competency to another level on the reservation by participating in a unique advisory health committee, which included clinic staff and tribal elders. The group worked together to identify key public health issues, such as substance abuse, fetal alcohol syndrome, and mental retardation. The committee approached these issues using resources on the reservation—a common practice—and also off the reservation (a new approach at the time. Off-reservation resources included the Ronald McDonald House and special camps for kids with asthma. The dual approach enabled Seamster and his colleagues to provide better care to more patients.

Working with the tribal elders, Seamster witnessed firsthand the conflict between modern medicine and Apache traditional healing rites. “You have to respect their approach. If you simply write off a medicine man, you’re not only going to alienate him, but also alienate the entire community. Especially the elders, who hold medicine men in high regard. Your mind plays just a big a role in how you heal as other parts of your body. Ignoring the potential

healing effects a medicine man or traditional beliefs can have on the mind is ignoring an important therapeutic tool." According to Seamster, a patient's age and experience often determine how he or she deals with illness. Most older people in the tribe stick to traditional healing, while the rest use a mix of modern medicine and traditional healing or modern medicine alone.

Life in Watts

The movie *Boyz in the Hood* depicts life in Watts. The film shows young gangsters doing whatever it takes to survive. According to Seamster, who has lived in the community for over 15 years, the world of the movie does exist, but that is not all there is in the community.

"I live a very 'normal' life. There's no graffiti or 'tagging' on my building, and the problems I deal with every day—such as hypertension, diabetes, stroke, obesity, asthma—aren't too different from the same issues I addressed on the reservation and the issues health professionals across the country deal with daily. It might have something to do with the fact that this is a health care facility, where grandmas and mothers get treated, so therefore it's 'off limits' to gang activity; but what I'm saying is that you can have a normal and healthy childhood in this community."

Although the WHF may be "off-limits" to gang activity, the mobile units the clinic deploys throughout the neighborhood as part of the CARE (Community Access Response Effort) program provide much-needed services in the midst of urban strife. The fleet of 13 units includes mobile centers for radiology, pediatrics, dental care, immunizations, and administrative operations. Each year the CARE vans reach thousands in schools, homeless shelters, churches, parks, and community events.

"The media chooses to portray only a certain type of image from my neighborhood," Seamster explains. "A lot of the local newscasts engage in what I call 'selective reporting.' For example, the other day, a person was struck by a train in a freak accident. That didn't make the news. Neither does the work our CARE program does on a daily basis. But a shooting homicide did."

According to Seamster, living in Watts is complex. The opportunities that many other people take for granted are more difficult to find in this community. Seamster says, "When you grow up in the suburbs, there may be any number of people on your block who can serve as role models for your children. But here we have to create those sorts of relationships, we have to work to provide a fostering environment." The lack of opportunities are tied to harsh economic realities; children are often raised by single, working parents. The benefits of a familial setting are difficult to provide.

"But it's not impossible, and for those who take advantage of the opportunities—such as our annual Arts Festival which brings together people of all different backgrounds (Black, Hispanic, Asian), or the Watts Summer Games, or our mentoring programs—the rewards are tremendous." ■

Editor's Note: The WHF, Inc. was founded in 1967. It is the largest private, nonprofit provider of comprehensive primary and preventive health care services to the poor, underserved, and hard-to-reach populations in South Central Los Angeles.

From Hope to Despair *continued from page 5*

Maybe we get a child's asthma under control, or maybe someone who was doing horribly in school is now passing.I get a lot of hugs from my patients; they give me drawings and pictures. Little things like that make my day. Even when things are really bad, you have to find the one good thing that will keep you going."

Diaz-Pupek also credits her family as well as her husband, a nuclear engineer, with the kind of loving support that helps prevent burn-out. Still, when she heads onto the highway to make her daily 30-minute commute from her south Jersey home into Wilmington, she must draw on her own inner resources to meet the challenges sure to confront her that day.

Reason to Hope

Recently a woman who works as a hotel maid brought her eight-year-old son in for a check-up. What are you doing for the summer? Diaz-Pupek asked the boy; are you going to any camps?

The boy shook his head. We can't afford camp, the mother said. But she was paying a teacher $10 to come in once a day and teach her son English for an hour.

How can you afford that, Diaz-Pupek wondered. The woman said she was working overtime, that she didn't want her son to grow up to clean toilets like her.

"And then she started crying," recalls Diaz-Pupek. "I started crying, too. And I told her there's nothing wrong with cleaning toilets, that she was working for her son to have a better life. I said, 'Your son is going to look back and be so proud of you.'

"It was so sad and at the same time, so hopeful. She has a goal in life. She wants her son to learn English, and to get through school. That's why I sometimes share my own story with my patients. I want to give them hope. If I did it, they can, too." ■

CHIPping Away, Helping Children

The Health Resources and Services Administration, of which the National Health Service Corps is part, is implementing the largest expansion of government health insurance since Medicaid (implemented in the 1960s). The State Children's Health Insurance Plan (S-CHIP) will affect children in your patient population.

S-CHIP will offer coverage to the nearly five million children who do not have insurance or access to preventive health services. S-CHIP will provide for children whose parents make too much money to qualify for Medicaid but not enough money to purchase their own health insurance.

Like Medicaid, S-CHIP is funded by both the federal government and individual states ($60 billion has been allocated for the program over the next 10 years). Because states have different implementation options, they offer different benefits. It is important for clinicians to understand how S-CHIP is being used in their area. All states must provide inpatient and outpatient hospital services, surgical and medical services, laboratory/X-ray services, and well child exams (including immunizations). Depending on the level of coverage, patients in some states may also qualify for prescription drugs, mental health services, and vision exams or hearing exams.

Even if your state does not offer a benefit now, the benefit may be added in the next few months as states continue to develop and redefine their plans. For further information about S-CHIP, call the toll-free national Insure Kids Now Hotline (1-877-KIDS-NOW) to be connected to your statewide hotline, or visit:

www.hrsa.gov/childhealth/EXPERTS.html#Implement
www.nga.org/CBP/Activities/SCHIP.asp

Note: The NHSC cannot be held responsible for information provided by these resources. ■

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